

Name of Parent:		Date: / /
Address (Street):		Age:
City/Town:	County:	Postcode:
Home: ()	Mobile:	Email:
How would you prefer we contact you? #1		#2

Data Protection Act. The information being collected on this form will only be used for the purpose of parental consent for Children's Nail Parties or for any client under the age of 16 who wish to have the application of gel or acrylic nail enhancements and or any administration in accordance with guidelines. The data will not be disclosed to any external sources other than in an emergency, or to the local authority, without your written consent.

PLEASE ANSWER THE FOLLOWING QUESTIONS:

Name of participant:
Participants Age: Participants Birthday: / /
Emergency Address and/or Telephone (if different from above):
Does he/she suffer from allergies, diabetes, migraine, epilepsy, bad period pains, sleep-walking, bed-wetting or any other illness or disability? YES/NO If yes, give details:
Is he/she allergic or sensitive to anything? YES/NO If yes, give details
PARENTAL CONSENT:

- (i) I have read the information provided and agree to my son/daughter taking part in the activities.
- (ii) I acknowledge the need for him/her to behave responsibly at all times.
- (iii) At my (the parents) consent I am happy for my child to have gel or acrylic nail enhancements or treatments.
- (v) I understand that the staff responsible for the activities will take all reasonable care of participants.

Parents Signature:	Tech Signature:
Please Print Name:	Lorane Tilbrook - Tip Top Nails

All information will be held incomplete confidence. Tip Top Nails will not divulge your info to any other parties. You are not obligated to answer any questions that make you uncomfortable. Tip Top Nails will not be held accountable for injury or accidents to, or caused by, unsupervised children.

Thank you for your custom.

I promise to always do my best to give you beautiful and healthy fingers and toes - so please let me know if there is ever anything else I can do to improve my services!